

Screening Maneuvers Menu for Adults 2022

Alberta Screening and Prevention (ASaP)

| Maneuver | Age (Years) | Interval General Population |
|-------------------------------------|-------------|-----------------------------|
| Blood Pressure | 18+ | Annual |
| Height | 18+ | At least once |
| Weight | 18+ | 3 years |
| Exercise Assessment | 18+ | Annual |
| Tobacco Use Assessment | 18+ | Annual |
| Influenza Vaccination | 18+ | Annual |
| Mammography* | 45 -74 | 2 years |
| Colorectal Cancer Screen One of: | | |
| FIT | 50-74 | 2 years |
| Flex Sigmoidoscopy | 50-74 | 5 years |
| Colonoscopy | 50-74 | 10 years |
| Pap Test | 25-69 | 3 years |
| Plasma Lipid Profile Non-Fasting | 40-74 | 5 years |
| Cardiovascular Risk Calculation | 40-74 | 5 years |
| Diabetes Screen One of: | | |
| Fasting Glucose | 40+ | 5 years |
| Hgb A1c | 40+ | 5 years |
| Diabetes Risk Calculator | 40+ | 5 years |

*Change in 2022 from previous starting age of 50.

The age and interval of given information is suitable for the general population. Age range is inclusive of the upper and lower ages. E.g., 40-74 means the day a person turns 40 until the day before they turn 75.

The needs of individual persons will vary.

For each maneuver, the physician/provider should offer testing as appropriate. See evidence-based practice points on reverse.

| Screening maneuver | Evidence-based practice points |
|---------------------------------------|---|
| Blood Pressure (B/P) | <ul style="list-style-type: none"> • Ideally use an automated office blood pressure (AOBP). No defined testing interval. • Consider more frequent B/P testing with aging, comorbidities, and presence of other risk factors. • Suspected hypertension (even once) requires ambulatory (24-hour) B/P testing (if available) or home B/P monitoring. Ambulatory and home thresholds are lower (>135/85) |
| Height & Weight | <ul style="list-style-type: none"> • Height & Weight needed for some CV & Diabetes risk calculators and a loss of height may indicate osteoporosis. • For obesity management, refer to 5As of Obesity Management for Adults for practical advice. |
| Exercise Assessment | <ul style="list-style-type: none"> • Recommend 30 minutes 5 days per week, or 20 to 25 minutes every day. Major muscle groups and bone strengthening activity >2 days per week. • For >65 years, similar recommendations with added benefit of improved functional abilities. Patients should undertake physical activities that enhance balance and prevent falls if mobility is poor. • Primary care toolkit available from Canadian Society for Exercise Physiology. |
| Tobacco Use Assessment | <ul style="list-style-type: none"> • Including smokeless tobacco. Assessment may start at age 12 but no assessment interval is defined. • Reducing tobacco use or quitting entirely is the standard but readiness to change will determine the approach selected. • This resource contains the 5As of tobacco screening & brief intervention. |
| Influenza Vaccination | <ul style="list-style-type: none"> • Annual for all Albertans over the age of 6 months (free of charge). |
| Mammography | <ul style="list-style-type: none"> • Recommended starting age has changed from 50 to 45. • Target population: Asymptomatic women, transgender, gender diverse, and non-binary people. Transgender, gender diverse and non-binary people refers to those who are: <ul style="list-style-type: none"> ○ Assigned female at birth and have not undergone top surgery or ○ Assigned male at birth and have been on feminizing hormone therapy for 5 or more years in total ○ Consult the Screening for life patient website for more information • See 2022 Breast Cancer Screening Clinical Practice Guideline & shared decision-making tools on the Screening for Life website to support patient conversations. |
| Colorectal Cancer screening | <ul style="list-style-type: none"> • Fecal Immunochemical Test (FIT) for asymptomatic average risk adults at 2-year intervals; colonoscopy recommended for those testing positive. • Referrals for more invasive testing (i.e., colonoscopy) is not recommended for average risk asymptomatic patients or those with a negative FIT. • See clinical practice guidelines & other tools on the Screening for Life website to support patient conversations. |
| Pap Test | <ul style="list-style-type: none"> • Target population: People with a cervix • See clinical practice guidelines & other tools on the Screening for Life website to support patient conversations. |
| Plasma Lipid Profile Non-Fasting | <ul style="list-style-type: none"> • Start at any age for patients with established cardiovascular risk factors; most patients can stop screening at 75. • Treat based on clinical factors and Framingham Risk Score (FRS). See below CV Risk Calculation. • Repeat screening every 5 years for FRS less than 5%, or every year for FRS 5% or greater. |
| Cardiovascular Risk Calculation (CRC) | <ul style="list-style-type: none"> • Can either use EMR-embedded CV risk tool or the CV Risk tool (Framingham Risk Score) on the general lab requisition. The lab req information is entered into Connect Care by lab at the patient's blood draw, which allows other Netcare users and patients to access the score through MyHealth records. Informational video. • If the above options are not available, providers can use one of the following online tools: Heart Disease Risk Calculator, Cardiovascular Life Expectancy Model • See Canadian Cardiovascular Society Dyslipidemia Guidelines for identification and management of CV Risk. |
| Diabetes Screening | <ul style="list-style-type: none"> • Most guidelines recommend screening every 3-5 years; more recently define diabetes as Hgb A1c ≥ 6.5%. |